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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;"><i>(to be used for all correspondence after initial filing)</i></p>		Application Number	10/661,165
		Filing Date	September 11, 2003
		First Named Inventor	Ravinder S. DHALLAN
		Art Unit	1634
		Examiner Name	E. Whisenant
Total Number of Pages in This Submission	13	Attorney Docket Number	543312000420

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): 1. Communication Regarding Supplemental Information Disclosure Statement filed August 20, 2007 (2 pages) 2. Copy of Supplemental Information Disclosure Statement fax-filed on August 20, 2007 (9 pages) 3. Auto-Reply Facsimile Transmission from the U.S. Patent and Trademark Office dated August 20, 2007 (1 page)
<div style="border: 1px solid black; padding: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature	/Alicia J. Hager/		
Printed name	Alicia J. Hager		
Date	October 19, 2007	Reg. No.	44,140

Docket No.: 543312000420  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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In re Patent Application of:

Ravinder S. DHALLAN

Application No.: 10/661,165

Confirmation No.: 7501

Filed: September 11, 2003

Art Unit: 1634

For: METHODS FOR DETECTION OF  
GENETIC DISORDERS

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Examiner: E. Whisenant

**COMMUNICATION REGARDING  
SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT  
FILED AUGUST 20, 2007**

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

On August 20, 2007, we fax-filed a Supplemental Information Disclosure Statement with the U.S. Patent and Trademark Office (PTO) and received an Auto-Reply Facsimile Transmission from the PTO indicating receipt of same for the above-referenced patent application. The Notice of Allowance for this application was mailed on September 26, 2007, but did not include an Examiner initialled PTO/SB/08a/b for the Supplemental Information Disclosure Statement filed on August 20, 2007. We have checked Private PAIR and this Supplemental Information Disclosure Statement does not appear of record. Examiner Whisenant confirmed by voicemail on October 15, 2007, that this Supplemental Information Disclosure Statement has not been entered and would need to be refiled in order to be considered.

Therefore, submitted herewith are copies of the originally fax-filed Supplemental Information Disclosure Statement, as well as confirmation from our facsimile machine and the PTO's confirmation that this fax was received.

Applicant would appreciate the Examiner initialling and returning the Form PTO/SB/08a/b, indicating that the information has been considered and made of record herein.

In the unlikely event that the transmittal form is separated from this document and the Patent and Trademark Office determines that an extension and/or other relief (such as payment of a fee under 37 C.F.R. § 1.17 (p)) is required, Applicant petitions for any required relief including extensions of time and authorizes the Commissioner to charge the cost of such petition and/or other fees due in connection with the filing of this document to **Deposit Account No. 03-1952** referencing 543312000420.

Dated: October 19, 2007

Respectfully submitted,

Electronic signature: /Alicia J. Hager/  
Alicia J. Hager

Registration No.: 44,140  
MORRISON & FOERSTER LLP  
755 Page Mill Road  
Palo Alto, California 94304-1018  
(650) 813-4296

Auto-reply fax to 650 813 5993 COMPANY:

## Auto-Reply Facsimile Transmission

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8 (including cover page)

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Cover  
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Mail Stop Amendment Commissioner for Patents U.S. Patent and Trademark Office		571-273-8300		571-272-0754	
FROM: Alicia J. Hager		DATE: August 20, 2007			
Number of pages with cover page:		8		Originals Will Not Follow	
Preparer of this slip has confirmed that facsimile number given is correct: 10852/say4					
Comments:					
Attorney Docket No.: 543312000420 Group Art Unit: 1634 Examiner: E. Whisenant Application No.: 11/661,165 Filed: September 11, 2003 Inventor: Ravinder S. DHALLAN Title: METHODS FOR DETECTION OF GENETIC DISORDERS					
Papers attached:					
1. Transmittal (1 page) 2. Fee Transmittal plus duplicate for fee processing (2 pages) 3. Supplemental Information Disclosure Statement (3 pages) 4. Form PTO/SB/08a/b (1 page)					
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Mail Stop Amendment Commissioner for Patents U.S. Patent and Trademark Office	571-273-8300	571-272-0754

FROM: Alicia J. Hager

DATE: August 20, 2007

Number of pages with cover page:	8	Originals Will Not Follow
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Preparer of this slip has confirmed that facsimile number given is correct: 10852/say4

**Comments:**

Attorney Docket No.: 543312000420  
 Group Art Unit: 1634  
 Examiner: E. Whisenant  
 Application No.: 11/661,165  
 Filed: September 11, 2003  
 Inventor: Ravinder S. DHALLAN  
 Title: METHODS FOR DETECTION OF GENETIC DISORDERS

Papers attached:

1. Transmittal (1 page)
2. Fee Transmittal plus duplicate for fee processing (2 pages)
3. Supplemental Information Disclosure Statement (3 pages)

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Mail Stop Amendment Commissioner for Patents U.S. Patent and Trademark Office	571-273-8300	571-272-0754

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Attorney Docket No.: 543312000420  
 Group Art Unit: 1634  
 Examiner: E. Whisenant  
 Application No.: 11/661,165  
 Filed: September 11, 2003  
 Inventor: Ravinder S. DHALLAN  
 Title: METHODS FOR DETECTION OF GENETIC DISORDERS

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4. Form PTO/SB/08a/b (1 page)

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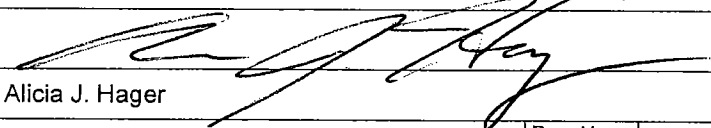
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		First Named Inventor	Ravinder S. DHALLAN
		Art Unit	1634
		Examiner Name	E. Whisenant
Total Number of Pages in This Submission	7	Attorney Docket Number	543312000420

ENCLOSURES (Check all that apply)		
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<div style="border: 1px solid black; display: inline-block; padding: 2px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Alicia J. Hager		
Date	August 20, 2007	Reg. No.	44,140

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(Sandy Yi)

<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2007</h3>		<b>Complete if Known</b>	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/661,165
		Filing Date	September 11, 2003
		First Named Inventor	Ravinder S. DHALLAN
		Examiner Name	E. Whisenant
		Art Unit	1634
TOTAL AMOUNT OF PAYMENT		(\$)	180.00
		Attorney Docket No.	543312000420

<b>METHOD OF PAYMENT</b> (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account                Deposit Account Number: <u>03-1952</u> Deposit Account Name: <u>Morrison &amp; Foerster LLP</u>	
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<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	300	150	500	250	200	100	0.00	
Design	200	100	100	50	130	65	0.00	
Plant	200	100	300	150	160	80	0.00	
Reissue	300	150	500	250	600	300	0.00	
Provisional	200	100	0	0	0	0	0.00	
2. EXCESS CLAIM FEES								
Fee Description	Fee (\$)	Small Entity Fee (\$)						
Each claim over 20 (including Reissues)	50	25						
Each independent claim over 3 (including Reissues)	200	100						
Multiple dependent claims	360	180						
<u>Total Claims</u>	<u>180</u>	<u>0</u>	<u>25.00</u>	<u>0.00</u>	<u>Multiple Dependent Claims</u>			
- 336 =					<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>		
HP = highest number of total claims paid for, if greater than 20.					180.00	0.00		
<u>Indep. Claims</u>	<u>4</u>	<u>0</u>	<u>100.00</u>	<u>0.00</u>				
- 9 =								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>				
- 100 =		/50 =	(round up to a whole number) x	125.00	=	0.00		
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement								180.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	44,140
Telephone	(650) 813-4296		
Name (Print/Type)	Alicia J. Hager		Date
		August 20, 2007	



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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b> <b>FEE TRANSMITTAL</b> <b>For FY 2007</b>		<b>Complete if Known</b>	
		Application Number	10/661,165
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		Examiner Name	E. Whisenant
		Art Unit	1634
		Attorney Docket No.	543312000420
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$)	180.00	

**METHOD OF PAYMENT** (check all that apply)

☐ Check   
 ☐ Credit Card   
 ☐ Money Order   
 ☐ None   
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account   
 Deposit Account Number: 03-1952   
 Deposit Account Name: Morrison & Foerster LLP

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   
 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**  
 180 - 336 = 0 x 25.00 = 0.00

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**  
 4 - 9 = 0 x 100.00 = 0.00

HP = highest number of independent claims paid for, if greater than 3.

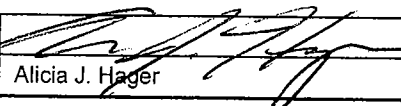
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number) x	125.00	0.00

**4. OTHER FEE(S)**

Description	Fee (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement	180.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	44,140
Name (Print/Type)	Alicia J. Hager	Telephone	(650) 813-4296
		Date	August 20, 2007